

Community Contact

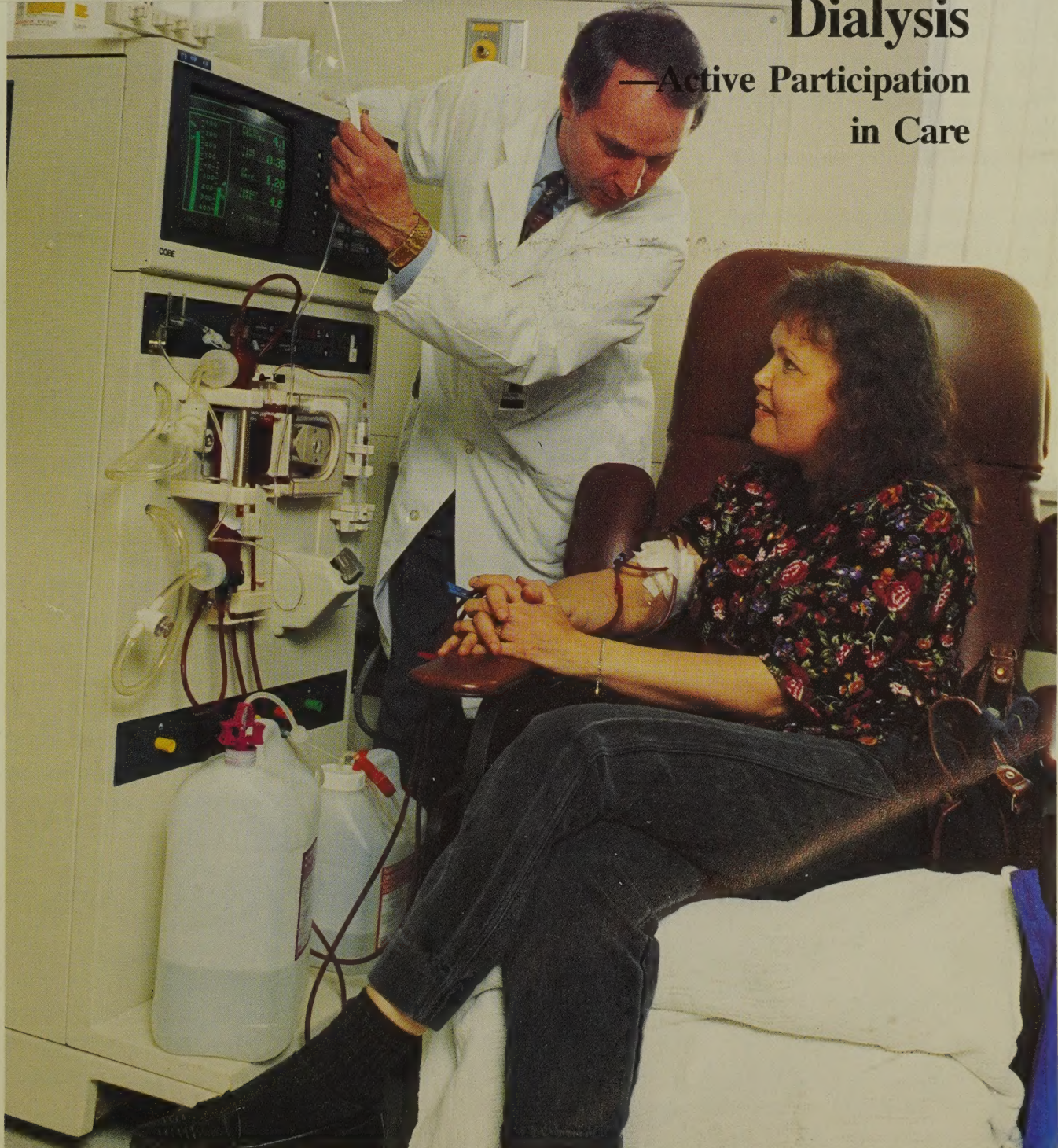
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Progressive Care Dialysis —Active Participation in Care



St. Joseph's Health Care System

While preparing my message for this Annual Report, I was reflecting on the challenges which we continue to face in the delivery of health and social services today. It seems that over the last several years decreasing funds are being allocated to the care of the sick in our communities and it appears that this trend will continue well into the foreseeable future. The Board of Directors of St. Joseph's Health Care System, the Board of Trustees of St. Joseph's Hospital, Hamilton and all management, staff and physicians are then faced with the delicate balancing act of living out our mission in spite of significant funding constraints.

Today, more than ever, leadership is critically important in our Health Care Ministry. I would like to quote Dr. Norman Flett, the Medical Director of St. Joseph's Villa, Dundas, (a member facility of St. Joseph's Health Care System) who stated in a recent report:

".....do not stand back and wait for every situation to be 'in place' before considering change and/or improvement, but rather plan, revise, negotiate and initiate strategic moves in advance of all of the resources being in place. These are the characteristics of leadership."



Sister Teresita McNally
President and Chair

There are many examples of the progressive leadership which St. Joseph's has demonstrated during the past year, ranging from the opening of the Midwifery Program in conjunction with McMaster University, to the establishment of the Father Sean O'Sullivan Research Centre. St. Joseph's continues to be a provincial leader in planning for the integration of Midwives into the Maternal and Newborn Program of the Hospital. The Father Sean O'Sullivan Research Centre was established in July, 1993. This new Centre is headed by Dr. Stuart MacLeod, who is also leading a new research focus in the evaluation of optimal drug therapies. The main research focus at the Hospital will correspond with the Centres of Excellence as identified in the Strategic Plan. These and other such initiatives were accomplished while maintaining a high level of care and meeting our financial targets.

I want to formally recognize the contributions of Vincenza Travale, Chair of the Board of Trustees, and Mr. Allan Greve, President and CEO, for their leadership over the past year. The courage and vision that they have exhibited in their willingness to explore and break new ground is truly inspiring.

I would also like to express my personal appreciation to the members of the Board of Trustees, staff, physicians and volunteers for their continued support of St. Joseph's Hospital, Hamilton and St. Joseph's Health Care System. Together we can make a difference in these demanding times, through a continued focus on mission values in delivering care to those we serve.

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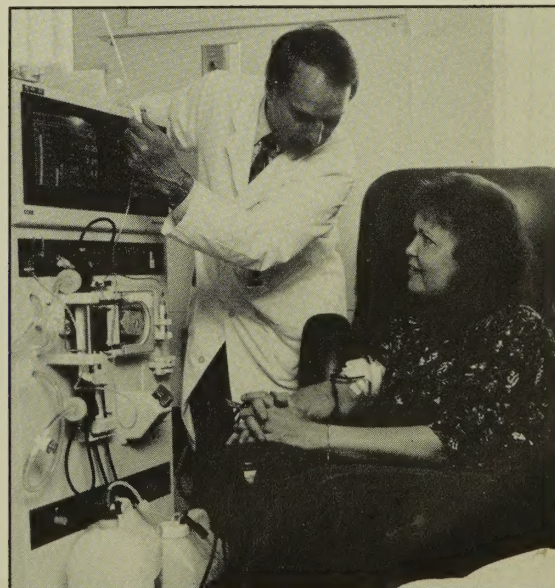
—*A New Respite Program; A Community Map; and a Diabetes
Workshop*

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Progressive Care Dialysis — Active Participation in Care

Senior Technologist Paul Hoda assists
dialysis patient Corrie Pierce
by Michelle Floyd

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Progressive Care Dialysis — Active Participation in Care

—by Michelle Floyd

The Progressive Care Dialysis Unit at St. Joseph's Hospital in Hamilton opened in April 1994. The Unit is the first of its kind in Canada. It represents an innovation in dialysis care which enhances the independence, self-esteem and well being of the patients who use it. What follows are the stories of two patients who's lives have been touched by this program.

Ron List, wearing jeans and a casual cotton shirt sits in a comfortable chair and watches T.V with a set of earphones. His mother Antonia peels an apple and then leafs through the newspaper. This feels like home, but it isn't.

Ron is a patient at the new Progressive Care Dialysis Unit at St. Joseph's Hospital. Three times a week, patients like Ron come to the Unit for hemodialysis treatments. Hemodialysis does the job of the kidneys by removing wastes, salt and water from the blood.

Ron was 15 years old when he developed nephritis - one of the diseases that slowly causes the kidneys to fail. Over a number of years, his kidneys gradually got worse until finally, dialysis was required.

Ron was trained by the staff at St. Joseph's Hospital to perform hemodialysis treatments at his

home in Guelph. By scheduling treatments at convenient times, Ron was able to maintain his job as a building inspector.

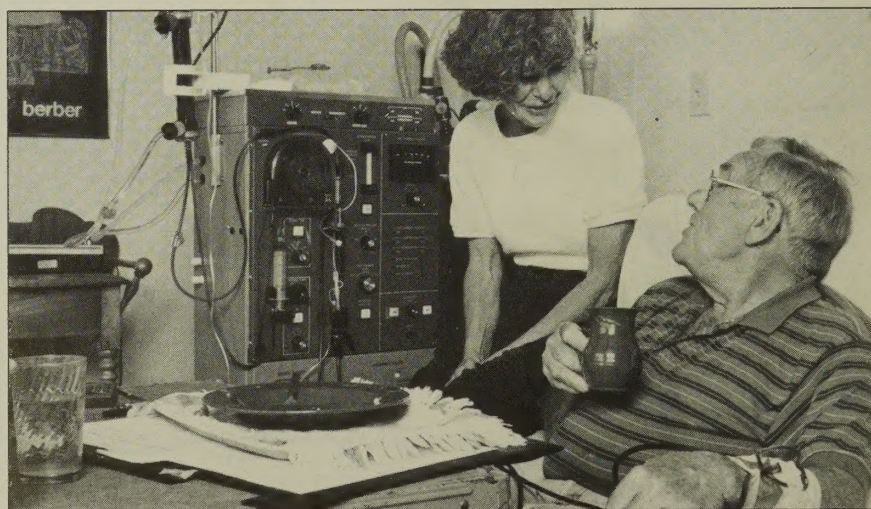
In 1983, at the age of 26, Ron received a kidney transplant. Just over a year later, his body rejected the kidney and it was removed. Since that time, Ron has been driving from Guelph to St. Joe's for hemodialysis. Because of the medical problems he has had over the years, Ron now feels more confident coming to the Progressive Care Unit for dialysis than doing it at home.

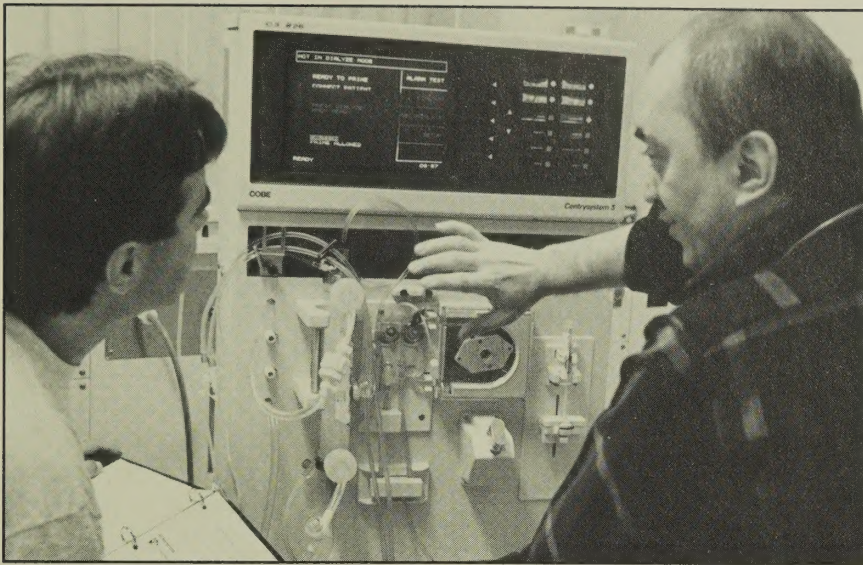
With the training and support he receives at the Unit, Ron can manage his own dialysis treatment like a pro. After arriving at 7:15 a.m. this morning, he spent the first hour getting the dialysis

machine ready. He takes the tubing and the artificial kidney out of their sterile packaging, connects them to the dialysis unit and inputs all needed information into the computerized dialysis machine.

Once everything is working, Ron scrubs his forearm, picks two spots to insert needles, and freezes the area with anaesthetic. He inserts two needles into a tube which lies just beneath the surface of the skin in his forearm. This tubing is called a graft. It connects an artery to a vein and provides a place from where blood can leave the bloodstream, be cleaned, and return to the circulation system. Taping the needles to his arm, Ron connects the tubing to the machine, and begins dialysis. It is now 8:30 a.m.

Below: Iona Knox assists and supports her husband Howard during his home dialysis treatment





Above: Steve Bannon, Registered Nurse in the Progressive Care Home Training Program, teaches new dialysis patient Denny Norris how to do his own treatment

Every hour, he checks his blood pressure, and the readings on the machine and enters them into his medical report. "You have to understand how to read the levels and know what they mean so that if an alarm sounds, you know how to fix the problem."

After four and a half hours, dialysis is complete. "I apply pressure to my arm while my mother removes the needles," he says. "Then I put a pressure bandage on to stop the bleeding."

Ron even signs his own medical reports before he leaves. "I did it, I'm responsible for it," he says. "You know the treatment was successful because you know how well you feel."

Ron pauses and smiles when he considers the possibility of going back on the waiting list for a kidney transplant. "One of these days I suppose, but this is going fine, so why push your luck? When I'm ready, I'll go back on the list."

In 1967, at the age of 43, it was confirmed that Howard Knox's kidneys would progressively deteriorate over the years. There was a history of kidney problems in his family, so Howard was not surprised that someday he too would experience difficulties.

In 1987, when Howard's kidneys failed and dialysis was required, the St. Joseph's staff trained him to perform his own dialysis treatments at home.

"They are fantastic. They have the professionalism, yet the compassion to help those who may be frightened," Howard says noting that he remains in touch with the staff through his regular check ups at the Progressive Care Unit.

Howard prefers home dialysis because of the convenience of not going to the hospital. His wife Iona works so, with only one car, home dialysis is easier to fit into their schedule.

As his wife returns home from work around 5 p.m., Howard sets up the dialysis machine, gets comfortable in his lazy boy chair, and begins his treatment. His wife makes dinner upstairs in the kitchen, knowing Howard will call if he needs help. Eating dinner together helps pass the time during the dialysis treatment. Afterwards, Iona goes off to work on her sewing or read a book while Howard watches the ball game.

At almost 70 years of age, Howard is positive. "It's extended my life 7 years and that is all we can expect. A transplant has no more guarantees than I've got now."

At St. Joseph's, 164 of the 280 dialysis patients, (about two-thirds) are at home using peritoneal or hemodialysis, or are totally independent in the Progressive Care Unit. In Ontario, only 250 of the 2,000 dialysis patients fall into this category of self care. This significant difference is the result of the Progressive Care Dialysis Unit.

"Progressive Care provides a continuum of care that bridges the gap between those who require hospital assistance to dialyze and those who are completely independent and may perform dialysis at home," says Dr. David Churchill, Professor of Medicine at McMaster University, and Medical Director of Nephrology at St. Joseph's Hospital.

Dr. Churchill and his colleagues believe that by training patients how to do their own treatments

—continued on page 16

Global Village Gets Closer to Home

—by Peggy Savage

From knitting baby caps for the nursery to maintaining used dialysis equipment in top mechanical fitness, the staff at St. Joseph's Hospital demonstrate, time and again, their commitment to serving the sick and the needy.

Each act, regardless of its magnitude, renews the value St. Joseph's places on the dignity of the person and sacredness of human life. When the needs are perceived beyond the hospital's four walls, staff generously give of their time and skill to promote health, prevent illness and alleviate suffering.

For Dr. Alexandre Dauphin, an anaesthesiologist, it means trips to the University Hospital in Port-au-Prince, Haiti, where crude

conditions and antiquated equipment challenge the hospital in its struggles to serve a population of two million people.

"The hospital is run down and the staff are frustrated that they can't properly perform their duties. Before we arrived with equipment and supplies, the anaesthetist had to do everything manually from patient ventilation and monitoring of pulse and blood pressure to drug administration. This is almost an impossible task, especially in crisis situations," explained Dr. Dauphin.

They cope with up to eight emergencies a day - gun shot wounds or cesarean sections - he continues. "They are the ones who make it to the hospital. Many don't," he added.

The difficulties don't end there. On his most recent visit, Dr. Dauphin confronted delays, a reduced energy supply and no running water.

"We needed a special permit from Canada's external affairs department in order to ship equipment. Once it arrived, it was detained in customs. Still, we managed to accomplish our task," he says with a modest shrug.

Dr. Dauphin, who trained at the Haitian hospital, says it is a dream fulfilled to be able to go back and help. "It brings a lot of joy to see their appreciation," he smiled, adding, "St. Joseph's can create a big impact on that hospital's future."

As director of biomedical engineering, Chris Chovaz can be considered a veteran of the mercy mission with two visits to the island of Dominica in British West Indies in 1987 and five to Romania in the space of 18 months.

When obsolete equipment - ultrasound or electrocardiograph machines, infant incubators, instrument sterilization or lab equipment - is donated by hospitals from across the province, Chovaz and his staff keep it in peak operating condition.

When it is shipped to a country, Romania for example, Chovaz follows. Once there, he has a

Below: Dr. Alexandre Dauphin (left) teaches doctors in Haiti how to use medical equipment





Above: Chris Chovaz (left) and Bachchi Uniyal prepare obsolete equipment for shipment

week to get the equipment installed and running. Under such tight timelines, the work day is long.

"First the equipment must be converted to 220 volt from 110 to conform with their power supply. Then we check it for operation, teach the staff how to use it and how to open it up for repairs," he explained.

Even when he is not travelling, Chovaz is involved in goodwill projects. "Donated equipment must be usable. We see dramatic changes in technology, so it's expected that we stay at the head of the class," he added.

At the moment his department is maintaining 10 hemodialysis machines intended for shipment to Moscow. The project is under the direction of Bachchi Uniyal, Manager of Nephrology, who recently spent a week on a fact finding visit to Moscow.

The equipment represents only one area of need, Uniyal said.

"We went to find out if they have the ability to utilize the machines, enough space for them, the proper blood tubing and a water purification plant, for example," Uniyal explained, adding, "Manuals must be translated to explain equipment operation and troubleshooting."

Closer to home St. Joe's staff throw all their energy and considerable talent into meeting needs in the community.

The housekeeping staff, for example, has the proud distinction of raising more money from a single event than any other department in the hospital's history.

Last year they raised \$5,500 for "Help a Child Smile", an organization which addresses the needs of critically ill or disabled children.

"Donated equipment must be usable. We see dramatic changes in technology, so it's expected that we stay at the head of the class"

Mary Vaughan, who works in housekeeping, says the year-long effort culminated in a Christmas raffle and craft sale.

"We had beautiful, hand-made items - floral arrangements, Christmas ornaments, a rocking horse, crocheted items - donated. Prices were kept low so that people would buy," she said.

And of course, the hospital's nursery is routinely showered with gifts for newborns.

By now, Sister Teresa Carmel, who organizes the gifts, has a virtual baby boutique of stuffed toys, sleepers, bunting bags, blankets, vests and sweaters, all made or given by caring staff, family, students and friends.

"Everything is in A-1 condition. Needy mothers, often refugees, are sent home with a bag full of clothes, a stuffed toy, and other necessities for their newborns," explained Sister Teresa, adding with a smile, "I'm a people person and I love the work but the people who give make it easier and more joyful." ♦

Continuing Education —For the Future

—by Stefan Pieczora

You spend at least twelve years of your life there. It plays one of the largest roles in shaping your life; making you who you are. No matter whether or not you found it dull and boring or fun and exciting, it was necessary for your future. Yes, the topic is school, and as some St. Joe's employees have found out, it's not so hard to go back.

Continuing post-secondary education is an enticing idea to many people these days, whether it is for career advancement, job re-training, or because they just like to learn. Today, more and more established members of the workforce are finding themselves applying to college or university again.

One such person is Linda Buckles. Currently working as a switchboard operator at St. Joseph's Community Health Centre, she has just completed a college level Business Application course. Ms. Buckles is a true classroom veteran.

"I haven't really stopped going to school. I've been at St. Joe's since 1985. Since then I've taken a wide range of subjects - from psychology and sociology courses to computer, and now, business courses," she explained.

For Ms. Buckles, continuing education was the perfect way to elevate her employment status. "(The courses) help me keep up with changing technologies and advancement of hospital computers. And hopefully, they'll allow me to advance in my job and utilize my skill in a work setting," she says, adding that these are not the only reasons behind her continued schooling. "It's also because I think you need to keep stimulating your mind. Otherwise, you just get stale."

Ms. Buckles is certainly not the only one to feel this way. Take, for example, Mike McClure and

Joe Raab who work in the Audio-Visual and Sterile Processing Departments respectively. Mr. Raab is in his third year at McMaster University, while Mr. McClure is in a Correspondence Course with the University of Waterloo.

Mr. Raab feels the benefits of continuing his education are two-fold. "First off, it helps me to better myself. Secondly, I think that taking these courses shows a lot to employers - that you have the initiative to learn," he says, adding "Some of my friends are in jobs they don't want to continue in. I recommend they take courses to upgrade."

"(The courses) help me keep up with changing technologies and advancement of hospital computers."



Above: Computer courses help Linda Buckles keep up with changing technologies

For Mr. McClure, correspondence is a means to quench his thirst for knowledge.

"I like "doing" school, I always have. Unfortunately, I couldn't continue after college due to financial reasons. At first I was a little intimidated having been gone so long. Correspondence is a very good way of breaking in without walking into a classroom again after 14 years," he says, adding with a smile "Most of my friends wish they could do it too."

Seeing this trend, St. Joseph's has committed itself to helping in any way it can. The result: The Sisters of St. Joseph's Scholarship Fund, and the St. Joseph's Health Care Foundation Employee Fund.

The Foundation Fund was created in 1993 and was strictly for nursing staff who wanted financial assistance to take college or university courses. However, the fund was extended to all staff at the beginning of 1994. The Foundation Fund received 75 applications this year and is administered by a committee consisting of various Department Heads from the hospital.

So far, the Fund has been well received by staff, and the Foundation is quite pleased by the success. "I think that it encourages staff to take courses. It's a demonstrated support by the hospital," says Brian Hershey, Nurse Educator, and one of the administrators of the Foundation Fund.

The Sisters of St. Joseph's Scholarship fund, in operation since 1992, has also been a great success.

The fund is administered by the Sisters, whose contributions are distributed among five institutions, three times a year.

Sister Anne Karges, the Fund's chief administrator, couldn't be happier with the results so far. "It makes a closer connection between the staff and the Sisters, and it's also a way of showing appreciation for the staff. We receive some very kind notes of gratitude from staff whom we've managed to help."

The criteria for both funds is the same. Applicants must have been employed at St. Joe's for at least two years; the funds must be used only for on-going education (no one day workshops or seminars), and the course must be one that is some way work related. Even with these standards to be met, very few have been turned down for the Funds.

Though still in their infancy, staff support and enthusiasm will keep both Funds alive for quite some time. There are very few members on staff who are continuing their education and have not been helped by these Funds in some way.

"Because of all my computer courses, I've applied and I haven't been turned down yet. I'm a single mom and everything helps," says Ms. Buckles.

Mr. McClure is in total agreement. "When the Scholarship came up, I jumped for it. If it weren't for (the Scholarship Fund) - I couldn't do it financially. Now I'm able to take a full course load instead of one course a semester." ♦

Partners in Education

Along with its commitment to helping staff who are involved in various Continuing education programs, St. Joseph's Hospital is also involved with secondary school students.

Since September 1987, St. Joe's has been "Partners in Education" with St. Jean de Brebeuf Secondary School in Hamilton. This partnership was one of the first in the region and serves as a model for other schools and industries. The idea was promoted by the Industry-Education Council of Hamilton-Wentworth.

The Hospital and Brebeuf both exchange a wide variety of services. For example, the hospital provides co-op placements, donates obsolete equipment for science classes, and offers students first-hand knowledge about careers in which they may be interested during Open House Week. The school provides students who participate in the hospital volunteer program, student participation and organization of special projects such as fund raising events and hospital patient surveys, and the use of the school band and choir to entertain patients in the various hospital units.

Both sides are pleased with the success to date. "I think it's because we're very pro-active. At Industry-Education Council meetings we appear to be one of the more active partnerships. I'm very pleased - delighted. The students are a lot of help," says Margaret Kennedy, Manager of Employment Services and the hospital liaison in the partnership.

Marisa Mariella, Guidance Councillor and school liaison agrees. "This partnership is one of the most well used. It gives us the opportunity to exchange services, and for students to explore numerous ideas for job service."

—Stefan Pieczora is a grade 12 student at St. Jean de Brebeuf High School. He is currently completing his co-op placement in the Public Relations Department at St. Joseph's Hospital.

Appointments to the Medical Staff

Department of Obstetrics/ Gynecology

Dr. Francis Moens

- *Courtesy Staff*

Department of Emergency Medicine

Dr. William Krizmanich

- *Courtesy Staff*

Department of Psychiatry

Dr. Gagan Gaind

- *Courtesy Staff*

Dr. Harriet MacMillan

- *Courtesy Staff*

Dr. Michael Siekierski

- *Associate Staff*

Department of Family Medicine

Dr. David Robinson

- *Associate Staff*

Dr. Jane Brunton

- *Courtesy Staff*

Department of Surgery

Dr. Kevin Piercey

- *Courtesy Staff (Service of
Urology)*

Department of Medicine

Dr. Stuart MacLeod

- *Associate Staff (Service of
Clinical Pharmacology and
Toxicology)*

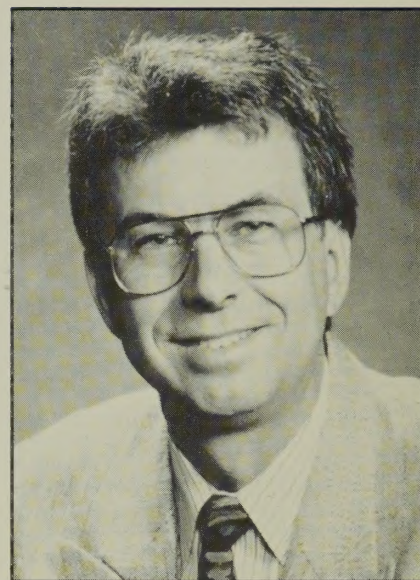
Research Co-ordinator Appointed at St. Joseph's Community Health Centre

Dr. Stuart MacLeod, Founding Director of the Father Sean O'Sullivan Research Centre at St. Joseph's Hospital, and Mr. Reg Wheeler, Chair of the Centre's Community Advisory Committee, are pleased to announce the appointment of **Dr. John Sellors** as Director of Health Services Delivery Research at St. Joseph's Community Health Centre.

Dr. Sellors, Stoney Creek family physician, will co-ordinate and initiate projects to evaluate services the Community Health Centre provides. Such research will assess how well the Community Health Centre programs serve the needs of Stoney Creek and East Hamilton residents.

Dr. Sellors has carried out a significant degree of research during his career, including the impact of community based research and women's health issues. In addition, Dr. Sellors has published numerous articles in recognized medical editions, including Canadian Family Physician, the Canadian Medical Association Journal and the American Journal of Obstetrics and Gynaecology.

"It's going to be a very exciting challenge," Dr. Sellors says. "In these times of financial constraint we need information to determine which health care programs are most appropriate for our community. These studies will help us



decide if our services improve the health and quality of life of our residents and at what cost."

Dr. Sellors also will maintain his Stoney Creek family practice. An associate physician will cover the office practice when Dr. Sellors is at the Centre in his new capacity.♦

New in the Library

Chenevert, Melodie: *Pro-nurse handbook*: designed for the nurse who wants to survive/thrive professionally - 2nd ed.

Grohar-Murray, M. E. *Leadership and management in nursing*. 1992

Schrier, R. W. *Diseases of the Kidney 5th ed.* 1993

Schlant, Robert C. *Hurst's the heart: arteries and veins*. 8th ed. 1994

St. Joseph's Hospital, Hamilton

Looking back on the past year, we can all take pride in the achievements of St. Joseph's Hospital and the St. Joseph's Community Health Centre.

In the face of significant financial pressures and other strategic imperatives challenging health care institutions and providers, the St. Joseph's team has responded with innovation, optimism and enthusiasm. The past year has seen an increased emphasis on outpatient care and an ongoing trend toward shorter inpatient lengths of stay. We have made very significant progress toward a state-of-the-art patient care information system and the Father Sean O'Sullivan Research Centre has been established and officially launched. An excellent financial performance has been achieved without the need for Social Contract days. Detailed implementation plans have been formulated for the Hospital's Centres of Excellence and we continue to take an active role in regional planning with our health care partners in the community. All of these accomplishments have positioned St. Joseph's Hospital very well to shape its own future in our rapidly evolving health care system.

The Father Sean O'Sullivan Research Centre builds on a proud history of successful research at St. Joseph's Hospital. Dedicated to research which directly impacts on the diagnosis, treatment and

delivery of health care, the Centre compliments and strengthens the Hospitals Centres of Excellence in Chest and Lung, Kidney and Urinary, Obstetrics, General Medicine and Laboratory Medicine as well as other key services.

Our Mission as a Catholic teaching hospital is also being strengthened through our efforts to develop a Centre of Excellence in Catholic values and identity. Leadership in Catholic health care builds on an important strength....a strength which the community has come to rely on from St. Joseph's Hospital.

Having successfully accomplished the 1993-94 financial goals and positioned itself to achieve a balanced budget for 1994-95, St. Joseph's is confident it will continue to meet the challenges and opportunities facing us today and in the future.

We thank all members of the various staffs of the Hospital, Community Health Centre and Research Centre. We also thank the community we serve...a community which has supported St. Joseph's in the past, continues to support us today and, which we are confident, will support us as we move into the future together.



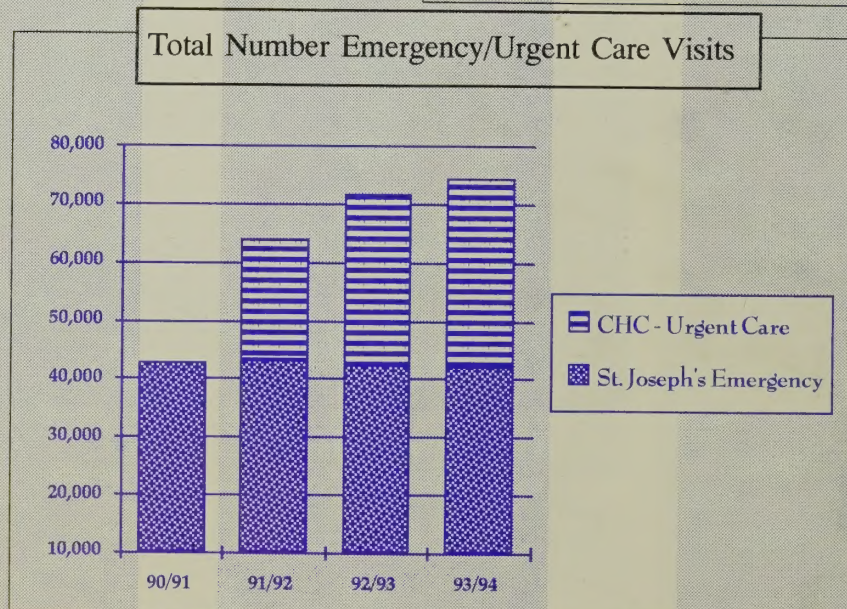
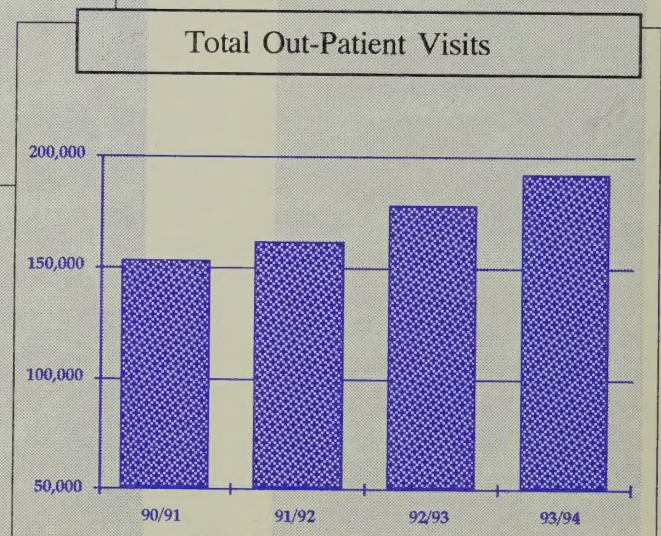
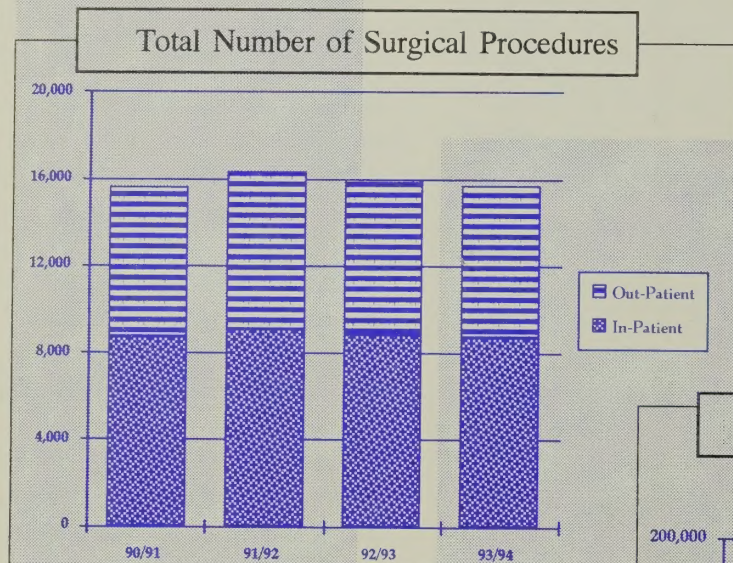
Vincenza Travale

Vincenza Travale
Chair
Board of Trustees
St. Joseph's Hospital

A. J. Greve

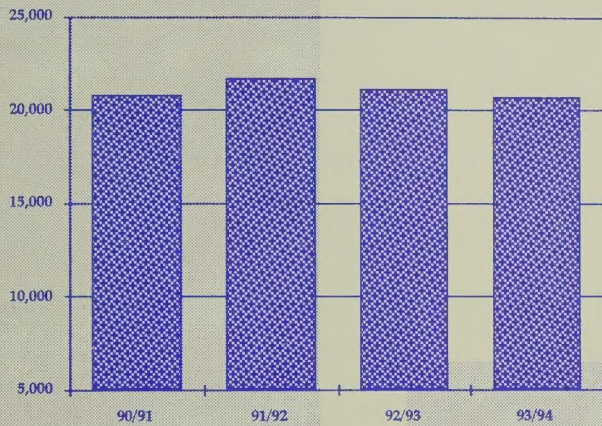
Allan J. Greve
President and
Chief Executive Officer
St. Joseph's Hospital

Operating

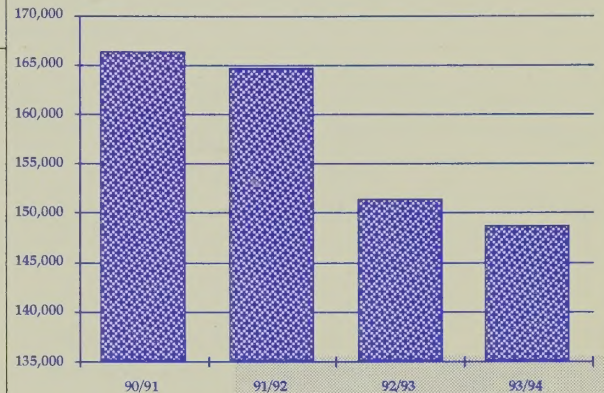


Statistics

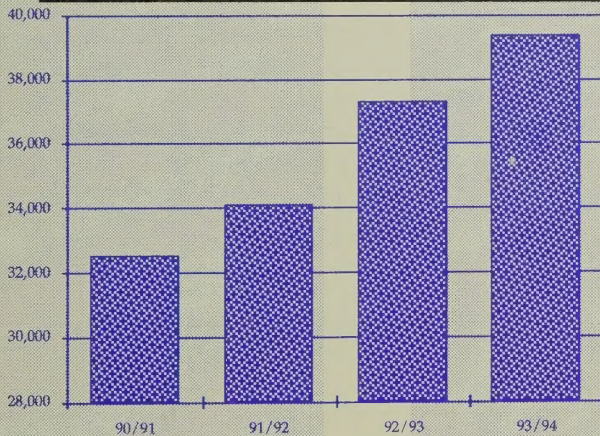
Total Number of In-Patient Admissions



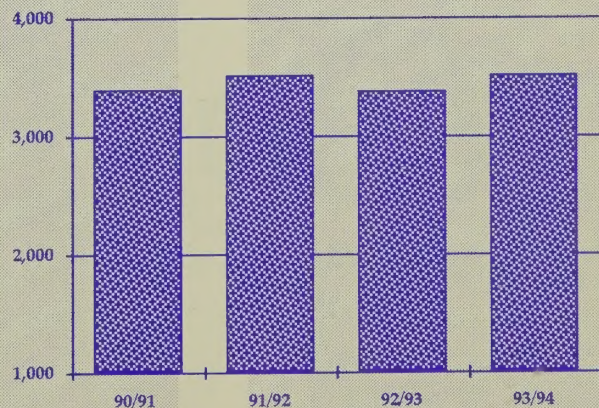
Total Patient Days



Total Number Renal Dialysis Visits



Total Number of Births



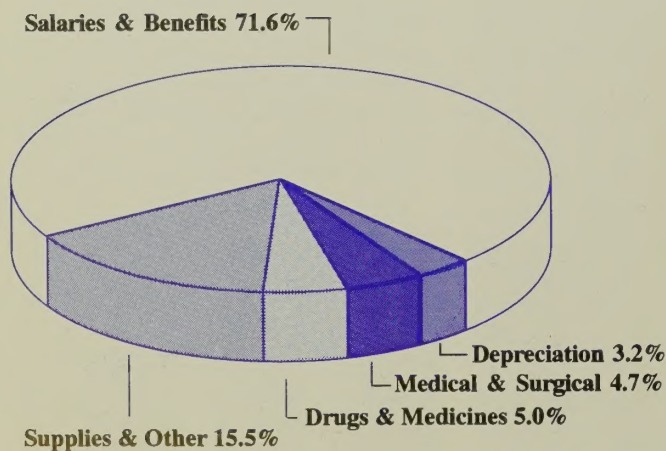
St. Joseph's Hospital

Condensed Statement of Operating Revenue & Expense

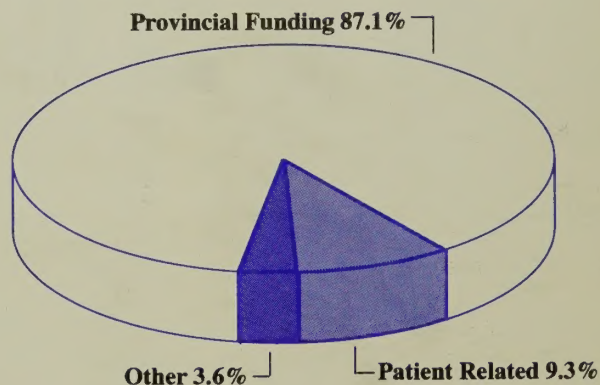
Year Ended March 31, 1994 with comparative figures for 1993

		<u>1994</u>	<u>1993</u>
		(Thousands of Dollars)	
REVENUE	Provincial Funding	\$147,738	\$146,933
	Patient Related Services	15,836	16,045
	Other	6,112	5,295
		169,686	168,273
EXPENSE	Salaries, Wages & Benefits	119,780	115,772
	Supplies & Other Expenses	25,882	29,151
	Drugs & Medicines	8,433	8,087
	Medical & Surgical Supplies	7,937	7,669
	Depreciation of buildings & equipment	5,280	5,135
		167,312	165,814
EXCESS OF REVENUE OVER EXPENSE		\$2,374	\$2,459

EXPENSE



REVENUE



Auditors' Report to the Board of Trustees, St. Joseph's Hospital, Hamilton

We have audited the financial statements of St. Joseph's Hospital, Hamilton as at March 31, 1994 in accordance with generally accepted auditing standards and expressed an unqualified opinion on these financial statements in our report dated May 20, 1994.

In our opinion, the information contained in the attached condensed financial statements is consistent with the above-mentioned financial statements from which it was derived.

To obtain a better understanding of the organization's financial position and the results of its operations for the year in question, the condensed financial statements should be read in light of the relevant annual financial statements.

KPMG Peat Marwick Thorne

Chartered Accountants
Hamilton, Canada
May 20, 1994

St. Joseph's Hospital, Hamilton Condensed Balance Sheet

As at March 31, 1994, with comparative figures for 1993

	1994	1993
	(Thousands of Dollars)	
Assets		
Current assets:		
Cash and short-term deposits	\$21,529	\$29,454
Accounts receivable - Ontario Ministry of Health	12,735	7,290
- Patients and others	2,499	3,349
Inventories and prepaid expenses	1,670	1,845
	38,433	41,938
Capital assets	42,964	43,081
Trust fund assets - cash and short term deposits	1,999	1,909
	\$83,396	\$86,928
Liabilities and Equity		
Current liabilities:		
Accounts payable, accrued liabilities and deferred income	\$27,597	\$35,067
Accrued sick pay benefits	1,719	1,969
Deferred credit - sale and leaseback transaction	572	622
Trust fund liabilities	1,999	1,909
	\$31,887	\$39,567
Unappropriated equity	51,509	47,361
	\$83,396	\$86,928

Comparing Notes — Teamwork pays off in I.C.U. Research

—by Heather Pullen

Intensive care is also complicated care. Patients in Intensive Care Units, or I.C.U.'s, require continuous assessment of their vital body functions. The tests and procedures involved create a mass of information. The challenge the health care team faces is to make sense of all this data, to evaluate its significance in each patient's case and to decide on the best treatment.

At St. Joseph's Hospital, I.C.U. caregivers from all disciplines are involved in research projects aimed at improving intensive care practices. Using information they gather in the Hospital's I.C.U., they have made some important observations and discoveries. This research is focused on patients and their healing problems. It is called clinical research, in contrast with experimental or animal research. Clinical research is the hallmark of the new Father Sean O'Sullivan Research Centre at St. Joe's. Here, in summary, are descriptions of four of the I.C.U. research initiatives.

❑ *Nutritionist Helen Van deMark* is interested tube feeding practices. Tube feeding is when liquid nutrients are pumped through a narrow tube directly into the stomach or small intestine. This is often necessary in the I.C.U. since the patients are

unconscious and unable to eat, or even swallow.

Mrs. Van deMark and her colleagues wanted to find out what proportion of I.C.U. patients receive, or do not receive, tube feedings. They also wanted to identify the reasons why tube feeding was or wasn't used and why it was sometimes started and then discontinued. The investigators felt it was important to identify their nutritional prescribing practices. By examining those practices, they can analyze the effectiveness of one approach over another.

A total of 99 patients in the I.C.U.'s at St. Joseph's Hospital and Hamilton Civic Hospitals were enrolled in the study. Although they were all eligible for tube feeding, only 73 of the patients were started on feeds. On average, they began about six days after admission to the Unit. The most common reason for not starting or for discontinuing feeds was that the patients involved couldn't tolerate them — that digestive problems were a risk or a reality.

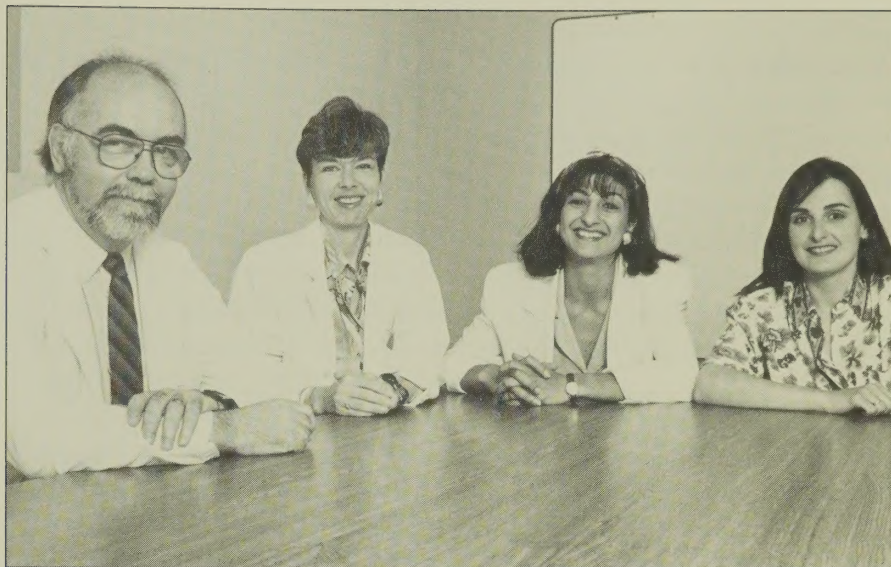
Mrs. Van deMark and her collaborators concluded that physician attitudes about tube feeding varied significantly and that they weren't always based on scientific reasoning. They found that some of the protocols

concerning tube feeding were much too strict and suggested that these be relaxed. Knowing that tube feeding is cost effective and that it helps I.C.U. patients get better, these researchers are doing more work that they hope will demonstrate the usefulness of feeding smaller amounts and beginning feedings earlier in the patient's I.C.U. stay.

❑ As many as one in five Intensive Care Unit (I.C.U.) patients need to inhale medications to help them breathe. Since most of these patients are already on ventilators, however, they have tubes in their throats. This means that they cannot inhale medications through traditional masks or "puffer" devices. Instead, the medication must be introduced into the ventilator tubing and blown into the lungs.

Intensive Care Unit Director, Dr. Hugh Fuller, together with Myrna Dolovich and Dr. Michael Newhouse, have tested two methods of administering aerosols. One is to put the (liquid) medication in a small cylinder (called a nebulizer), attach it to the ventilator tubing and blow air through the cylinder. This turns the medication into a mist which then mingles with the air going through the ventilator tubing to the lungs.

At St. Joseph's Hospital, I.C.U. caregivers from all disciplines are involved in research projects aimed at improving intensive care practices.



Above: From left to right: Dr. Hugh Fuller, Dr. Deborah Cook, Mitra Montazeri, Pharmacist and Helen Van deMark, Nutritionist

Another approach is to attach a pressurized canister containing the medicine to the ventilator tubing. By activating the canister, a measured dose of the medication (in aerosol form) is introduced into the ventilator tubing and blown through the tubing to the lungs. The primary difference between these two methods is that the nebulizer administers the medication gradually while the canister delivers it more quickly in a series of puffs.

To test which is better, the researchers added a weak, radioactive compound to the medication before it was administered. They then measured how much of it arrived at, and stayed in, the lungs with the use of a special camera that measures radioactivity. They found that there was a significant difference in the effectiveness of the two methods. Just 1.2 per cent of the medication reached and stayed in the lungs using the

nebulizer, whilst 6 per cent reached and stayed in the lungs using the canister — a relatively successful dosage under these circumstances.

I.C.U. caregivers now know that their patients will get more medication and a more precise dose of medication by using aerosol canisters. This improves recovery rates. The canister method is also less expensive since it takes less staff time to administer. In addition, the researchers believe that there is a reduced risk of infection using the canister.

❑ *Pharmacist Mitra Montazeri* has researched the role of the pharmacist in the Intensive Care Unit. Over a three-month period, she assessed and measured her various activities so she could categorize and quantify them. She suspected that ICU pharmacists not only save money by helping the health care team make better

decisions about drugs, they also perform important educational and consultative roles.

Her findings demonstrated that for every dollar spent on a pharmacist's salary, four dollars in drug costs may be saved as a direct result of the pharmacist's interventions.

For example, Ms. Montazeri consulted in one case in which a patient with chronic breathing problems was receiving intravenous methylprednisolone, a steroid that reduces inflammation in the lungs. After reviewing the patient's condition, Ms. Montazeri suggested to the caregivers that the patient was well enough to take prednisone tablets by mouth. In this case, the cost saving was significant — one vial of methylprednisolone costs \$3.20 compared with 2¢ for each prednisone tablet. With the new medication, the patient continued to improve.

—continued

Ms. Montazeri's research also showed that an I.C.U. pharmacist provides continuity in drug therapy by ensuring that the best choices are made for every patient at every turn. As well, she demonstrated that a staff pharmacist provides continuing education to physicians, physicians-in-training and nurses.

These are important findings in a climate where all hospitals are looking for ways to save money and when the role and assignment of pharmacists are often under evaluation.

❑ One of the most common complications suffered by critically ill patients is gastrointestinal bleeding – bleeding in the stomach or intestines. It is caused by impaired blood supply to the stomach or by the damaging effects of gastric acid. Traditionally, all patients have been given medicine to prevent this bleeding from occurring. These drugs neutralize the gastric acid, reduce the production of gastric acid or coat the stomach lining.

Although these drugs help prevent bleeding, they are expensive and they're associated with serious side effects such as the risk that they will cause pneumonia. *Dr. Deborah Cook, Director of the Medical Clinical Teaching Unit at St. Joseph's Hospital*, Dr. Fuller and caregivers in four Canadian Intensive Care Units, have completed a five-year study on this issue which was recently published in the prestigious New England Journal of Medicine.

They have made some important findings that will change prescribing practices in I.C.U.'s everywhere.

Dr. Cook and her collaborators wanted to determine the incidence of gastrointestinal bleeding and to identify patients whose risk of bleeding is low enough that they don't need preventive medication. By withholding the drugs, they found that only 3.7 per cent of I.C.U. patients will bleed. Those patients can be identified by two risk factors: they are in respiratory failure and need mechanical ventilation in order to breathe; or they have coagulopathy – their blood won't clot.

Patients without these risk factors have just a 0.1 per cent chance of bleeding and, for them, drugs to prevent bleeding are not warranted. This means they need not be exposed to the risk of side effects from these drugs. It also means the health care system can save money by not using expensive, unnecessary medications. Although critical care specialists had suspected that this was the case, Dr. Cook's study produced the most convincing evidence ever collected on the issue.

Caregivers from all disciplines are involved in I.C.U. research at St. Joseph's Hospital. As well as doctors, nurses, nutritionists and pharmacists, they include physiotherapists, social workers, chaplains and various support staff. Critically ill patients, and the families of these patients, benefit from this research – it is translating into better care at St. Joe's. As well, these findings are

spreading worldwide as international scientific journals publish the results. ♦

continued from page 3...

and offering medical support if needed, patients will progressively move from doing very little for themselves to handling virtually all aspects of their care.

"The unit emphasizes the importance of having good communication between staff and patients," says technician David Liang. "Knowing that medical support is available builds their confidence and fosters independence."

The Progressive Care Dialysis Unit is one part of the Regional Nephrology Program at St. Joseph's Hospital, providing dialysis and kidney transplant services to a population of over 1.2 million people. The program provides hospital-based hemodialysis, progressive care dialysis, home dialysis, and a large peritoneal dialysis program.

The Unit is staffed by specially trained nephrology technologists and registered nurses. It is supported by nephrologists, social workers, nutritionists, physiotherapists, occupational therapists and pastoral services staff.

Dr. Churchill is confident that Progressive Care is the model of the future and has the potential to expand and grow. "We will continue to be a leader, and offer dialysis care that is compatible with patients' needs while employing the latest modern medical technology available." ♦

Employee Anniversaries

May - August 1994

10 Years ~

Alie Agro
Achim Alken
Laurie Allan
Joan Anderson
Thelma Ball
Penny Barlow
Valerie Bell
Linda Boyd
Brian Burnside
Charmaine Campbell
Wendy Curnew
Frances Curto
Doris DeSantis
Carmela DiSanza
Lynn Dougherty
Ken Embree
Linda Farronato
Barb Ferraro
Maureen Gormley
Desmond Hackett
June Hannah
June Hearn
Katherine Hinzmann
Shannon Huss
Doug Jeffrey
Mary LaForce
Kevin MacNeil
Nada Marini
Teresa Matosa
Janet Moline
Kalwant Nahal
Debbie Nofle
Michelle Overholt
Catherine Pracovics
Richard Raby
Dianne Scott
Dolores Spina
Christine Streczek
Dianna Wilson

15 Years ~

Annette Bailey
Steve Bannon
Anthony Bowen
Gisele Brown
Marilyn Calder
Jean Cuffaro
Christine Czach
Susan Dawson
Shirley Elms
Anna Glasgow
Brenda Hillier
Maureen Midgley
Marie Murray
Elizabeth Ouimette
Louise Roberts
Emily Santucci
Kathleen Sommerville
Elaine Zoskey

20 Years ~

Linda Addis
Donna Bain
Linda Baker
Doris Begley
Mary Breitigam
Pamela Brown
Katherine Collingwood
Susan Downey
Marjorie Dyett
Robin Gagnon
Brenda German
Pina Giammaria
Teresa Girgenti
MaryLou Lafford
Susan Longmire
Shirley Mallory
Dorothy McNaught
Filomena Muccini
Annie Muretic

Patricia O'Neill
Janet Rust
Beverley Sherriff
Patricia Simpson

25 Years ~

Frances Ashenhurst
Monika Ashton
Marilyn Bontje
Hazel Brewster
Elizabeth Concordia
Concetta DiCampi
Caterina Dorazio
Mary Farkas
Antoinette Girard
Eveline Kennedy
Susan Liu
Yolanda Marini
Donna Masys
Cletha McLaughlin
Gail Oliver
Guiliana Palmieri
Marietta Pupo
Maria Sbrissa
Nieves Suva
Jeanette Thompson
Miluska Vacovsky
Colin Wilson
Margaret Winter

30 Years ~

Ann Blawatt
Margaret Brown
Derk Jansen
Diane Kirshenblat
Jeanette McQuarrie
Judith Partington
Camillo Silvestri

35 Years ~

Margherita Ricci

Thelma Blair, Dialysis passed away in April 1994. She would have been here 25 years in May.

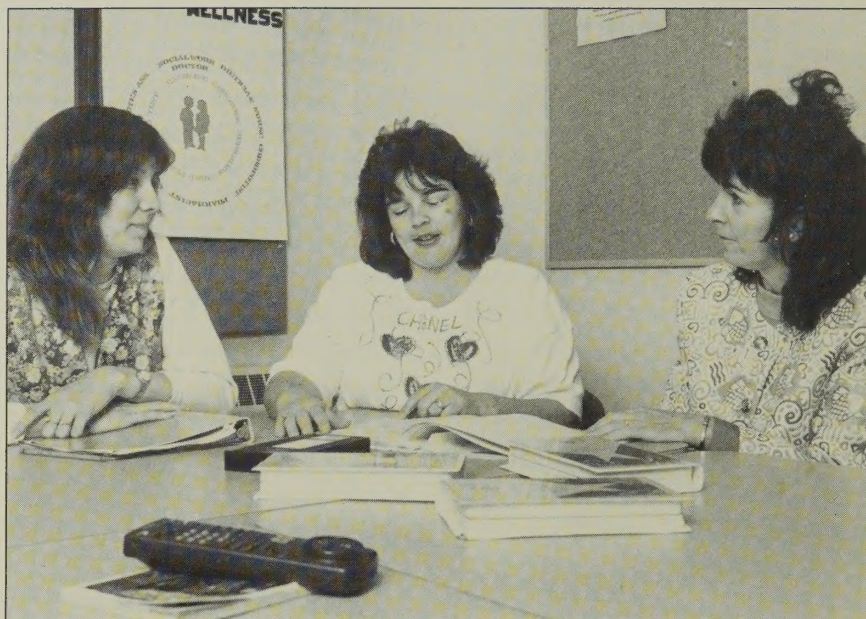
— **Retirees, see pg. 18

At A Glance...

Diabetes Education

The Diabetes Program located at St. Joseph's Community Health Centre offers a unique five day comprehensive program focusing on education and management of diabetes. In accordance with current standards and research, the diabetes team strives to assist individuals and family members achieve and maintain healthy active lifestyles.

As part of this goal, the Health Centre offered an informational one-day workshop for parents of children with diabetes. The onset of diabetes and the difficulties in management can seem overwhelming at times. In an effort to help, the workshop allowed parents the opportunity to meet with a team of health professionals,



Above: From left to right: Dietitian Karrie Henderson, Nurse Educator Ada Smith, and Diabetes Program Coordinator Barbara Dundas

which included nurses, dietitians, a pharmacist, a social worker, and achiropodist (foot care), as well as other parents.

The informal class offered valuable information that parents need to feel more comfortable about day to day management of their children's diabetes. ♦

St. Joe's Retirees

Best wishes for a long and happy retirement to

Ann Bagley - S.P.D

Julie Gironella-Camps - M.I.S

Mary J. Polawski - Fracture Room

Hannelore Bartolin - Housekeeping

Dalton Hannis - Housekeeping

Veronica Turnewitsch - Health Records

Ina Calbick - Administration

Miroslav Horak - Operating Room

Rose Zavarella - Nursing ♦

Helen Connolly - Nursing

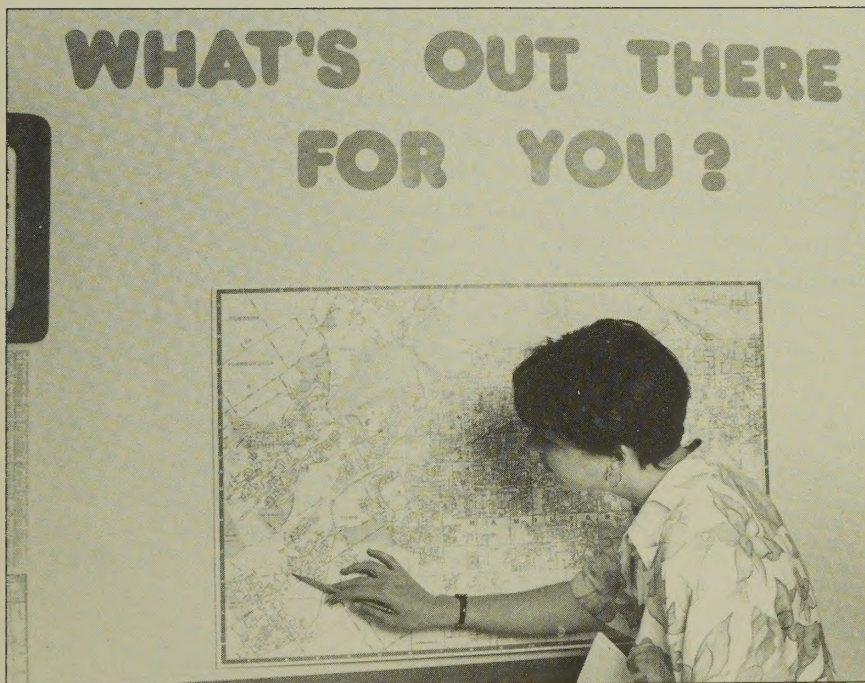
Patricia O'Hara - Patients' Accounts

Community Map Helps New Mothers & Families

Bridging the gap between pregnancy and new parenthood was the reason behind the community map project in Maternity at St. Joseph's Hospital.

Summer students have worked with staff and parents to create a city street map dotted with the many resources, groups, agencies, and services available to women, children and new parents. While the project started with one map on Maternity, the concept has grown and maps can now be found in the Birthing Area, the OB/GYN Clinic, Pediatrics, and Emergency.

This is a novel approach and parents enjoy finding their street and learning how close they are to neighbourhood services. ♦

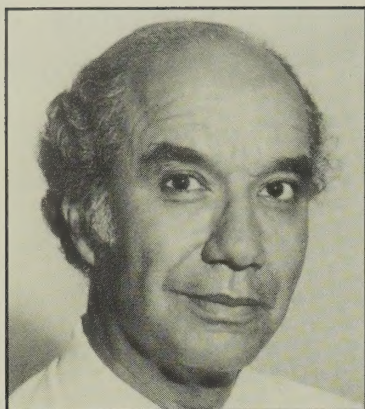


Hamilton's First Respite Program Opens at St. Joe's

St. Joseph's Hospital has established a Pediatric Respite Program, the first such program in Hamilton-Wentworth, and first such program in the Central West Health Region of Ontario. In the program, very ill children will be admitted one at a time for a period of up to two weeks, providing relief for care-giving parents, while their child receives the specialized care he/she requires.

The program supports infants who have survived extreme prematurity and other disabling conditions requiring palliative or other long term constant care. The program is viewed as a prevention strategy in terms of parent exhaustion and their children's health.

A unique component of the Program is a parent education strategy to widen their awareness of community support agencies, groups and services. ♦



You Have To Look Carefully To See Feelings

—by Dr. Mo Ali

The prospect of overcoming old age is as remote in 1993 as it was at the beginning of history.

Despite the millions of dollars spent on understanding the aging process, next to nothing is known about its mechanism. Medicine with all its wonderful technological advances has done little to achieve any prolongation of our lifespan. The advances of medicine are enabling more and more of us to achieve senility with its mental and physical limitations.

We pay a price for reaching old age and some of us may not enjoy that experience.

As health care professionals, we should be sensitive and sympathetic to the invalid old. They may feel much more than we can see as shown by the poem below which was among the few possessions found in the locker of a psychiatric-geriatric patient following her death at Prestwich Hospital in Manchester, England:

What Do You See?

*What do you see nurses? What do you see?
Are you thinking when you look at me
A crabbed old woman, not very wise,
Uncertain of habit, with far away eyes.
Who dribbles her food and makes no reply
When you say in a loud voice "I do wish you'd try".
Who seems not to notice the things that you do,
And forever is losing a stocking, a shoe.
Who unresisting or not, lets you do as you will
With bathing and feeding, the long day to fill.*

*Is that what you are thinking? Is that what you see?
Then open your eyes nurse - you are not looking at me.
I'll tell you who I am as I sit here so still,
As I rise at your bidding and eat at your will,
I'm a small child of ten, with a father and mother,
Brothers and sisters who love one another;
A young girl of sixteen with wings on her feet,
Dreaming that soon now a lover she'll meet.
A bride soon at twenty, my heart gives a leap,
Remembering the vows that I promised to keep.
At twenty-five now I have young of my own,
Who need me to build a secure happy home.
A woman of thirty, my young now grow fast,
Bound to each other with ties that should last.
At forty - my young sons now grown up have gone,
But my man stays beside me to see I don't mourn.
At fifty - once more babies play at my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead.
I look at the future, I shudder with dread.
For my young are all busy rearing young of their own.
And I think of the years, and the love that I've known.
I'm an old woman now, and nature is cruel -
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigour depart.
There is now a stone where I once had a heart.
But inside this old carcass a young girl still dwells
I remember the joys, I remember the pain.
And I'm loving and living life all over again.
I think of the years all too few - gone too fast.
And accept the stark fact that nothing can last.
So open your eyes Nurse! open and see
Not a crabbed old woman,
Look closer - see me!*

For those of us who care for our seniors, we should remember to open our eyes and see ourselves in future years. That is the real meaning of empathy! ♦

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Left: Dutch Administrators visit St. Joseph's Community Health Centre

Below: Physiotherapist Shirley Gow assists with range of motion exercises following a knee injury



A Year in Review

Left: Sheila McMillan, Occupational Therapist, assesses a patient's ability to participate in his own Peritoneal Dialysis

Below: Family welcomes their child's arrival in the Newborn Family Centre



Left: It's a Habit: Sisters Nancy Sullivan, Margaret Kane, Joan O'Sullivan and Bernadene Smith "Sing for Someone Else's Supper" at St. Joe's Karaoke Night.